

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/601279

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		*	*	*
	IND.	DEP.	1st AMENDMENT	2nd AMENDMENT			
1					51		
2					52		
3					53		
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47					97		
48					98		
49					99		
50					100		
TOTAL IND.					TOTAL IND.		
TOTAL DEP.					TOTAL DEP.		
TOTAL CLAIMS					TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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